IMPLOYER NAME & Sir#: 358200 Phone: Idame: M T B INCORPO Addr: P O BOX 715 PENNGROVE CA	R'S REPORT OF CONTRIBUTIONS REPORTING DATES Local: 1.04 For Work Performed During: 05/2006 Rate Code: 384 Contribution Due: 06/10/2006 Delinquent If Recieved After: 06/20/2006			OR ADN Postmark Date: Deposit Date: Check Numbe	r:				
rea: 0666 NORTH BA	Y Agreemen		LITY WORKER		il i	intered By:	_ lo	-A."	
sso: 81 SMACNA	Job Class: EMPLOYEE HO		LITY WORKER	oriaci should be the	School Bolins	Worker and	acceptibilities (by)	\$ 750 as 7	
otal Hours Worked Rate Health .00			Southouse	orked includes str	aight hours v	vorked, overt	ime hours, and do	idble time hours.	
SHC .00	SOC. SEC. NUMBER	EMPLOYEE NAM (Last Name, First Name		HOURS WORKED	OVERTIME HOURS		HOURS	HEALTH CAR HOURS	
National Pension 00	619-28-9701	MAKOHON,	IOSEPH	TIGITALES	noono	HOOKO	HORRED	Hooks	
Dues Check Off .10 Appr Train .16	549-70-5353	WARNER, DO	······································	120.5		 	Ina C	- 100	
SMOHIT 00 Industry Prom 45	3,3 10 3333	***************************************	MALD	120.5			120.5	150	
Supp Pen 1 00									
Supp Pen 2 .00 Vacation .1.25									
Total 2.41 (1)								. 1.	
Supp Pen 2 .000					·				
Vacation <u>625</u> Total 625 (2)	SOW	p WIT	Mr Canal	at F	rskn	1+1	Villa L		
ouble Time Hours Rate	expl	am od	Romat W	as vo	CMIC	4 1 1	Ju S		
Supp Pen 2 .00 Vacation 1.25	no c	rock.	CONFLOED	Stano	200A "	Carro		100	
Fotal 1.25 (3)	17N		V Comment	SAV PG			HANC YOU	4	
ours Rate		M							
Health <u>6,54</u> Total 6,54 (4)			· · · · · · · · · · · · · · · · · · ·					 	
MPLOYER.	10	٠	1	1 11	aN	4	**************************************	-	
ERTHEICATION e Employer certifies that the	— //Q/	o, rec	ardens	Will	un	15_	<u></u>	<u> </u>	
ormation herein is correct; that this port covers all hours worked or paid) · 8	\mathcal{O}	Dai	ed Fr	DR 5/0	6:	7.	
ing the period for which stributions are required under a								· ·	
tten Contribution Agreement, such written collective bargaining reements with local unions of the	_ 4 .		on ord II	1111/06	/ P	aid			
eet Metal Workers International sociation; and that all payments	P 1	685.L	10 pa "	114100	> 'k	refore	。 		
orted herein are made in cordance with said Contribution	(, j,		10 pd 11	1 1 -	8	rut			
reements and the applicable Trust reements. The undersigned agrees	- H 1	LITTI	14 ml 1	10101) [lod	,		
be bound by all of the terms of the balcable Trust Agreements, luding specifically the provisions	— (f) '	1191.1	17 poi					<u> </u>	
each Trust Agreement describing idated damages for delinquencies				0/1/2-	7			ļ	
d other obligations of Employers, authorized the depository bank to	- H 1-	28.4	2 paid	0/6/0	/				
nsfer the moneys remitted herewith the appropriate Trusts in accordance in instructions issued by the	_ P 1°	//0 [·			 -		
stees thereof and any Joint Services ement entered into. The									
ersigned certifies under penalty of jury that he or she is duly authorized he apove-named employer to plan and s			·		ĺ				
he above-named employer to stort and s	ubmit this report on behalf of	such Employer.	TOTAL HOURS:						
rtifying Signarure	Date Title	4011/19	MULTIPLY TOTAL HOURS BY RATE:	N/A	.625 ⁽²⁾	1.25 ⁽³⁾	2.41 (1)	C E A (A)	
Check here if No Hours to report for ase retain a copy of the form(s) for	or Rate Code 384. your records.	U	AMOUNT DUE:			1,20	100 NA	6.54 (4)	
EMITTANCE ADDRES			<u>L</u>	RAT	E CODE 384	TOTAL AMO	OUNT DUE: 1	1118 10	
af all form(s) and issue one check p EET METAL WORKERS of NORT		and payment to: AL WORKERS	چىيىنى <i>.</i>	ADJUSTMENT	DE 004		///	40,00	
LIFORNIA PENSION TRUST FUN		RIBUTION DEPT.	A						

SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND

	707/794-7943	REPORTING DA 0666 Local:	104			INISTRATION	
ame: M T B INCORPO ddr: P O BOX 715	RATED	For Work Performed Duri Rate Code:	ng: 05/2006 126		eposit Date:	·	
PENNGROVE CA	94951	Contribution Due:	06/10/20	006 d	heck Number		
		Delinquent If Recieved A	ter: 06/20/20	006 _c	heck Amount		
ONTRACT				AND THE RESERVE	intered By:		4.5
rea: 0666 NORTH BA 880.: 81 SMACNA		: 10 BUILDING TRADES 300 JOURNEYPERSON, FO	AD EDED COM	-			:
	EMRKOYEE KO	URS REPORTED Allinous reported Total Hours	OREPERSON Orted should be th	<u>L</u> Bactual hours	worked and r	เกราะเมียกให้เราะส	5002
otal Hours Worked Rate Health 7.93		and the second second fourth of the second s		raight hours y			time hours.
SHC .44	SOC. SEC. NUMBER	EMPLOYEE NAME (Last Name, First Name, Middle Initial)	STRAIGHT HOURS	OVERTIME		TOTAL HOURS	
Nor Cal Pension 4,97 National Pension 2,06	569-92-8569		WORKED	HOURS	HOURS	WORKED	
Dues Check Off 2.32		DEANDREIS, FRANCIS		<u> </u>			
Appr Train 1.00 SMOHIT .02	559-98-8017	LUNDBERG, JOHN					
ndustry Prom .65	553-65-1588	WARNER, JUSTIN	152			152	***
Supp Pen 1 1.35 Supp Pen 2 .00			7000			100	
acation 4.02					ļ		W - 4, - 1
otal 24.76 (1) ertime Hours Rate				 	ļ <u>.</u>		
upp Pen 2 .000							
facation 2.010 (2)							
uble Time Hours Rate			1.2.00		 		
Supp Pen 2 00 /acation 4.02						<u> </u>	
acation 4.02 (3)				 	ļ		
							• • •
MPLOYER ERTIFICATION				 	 	 	<u> </u>
Employer certifies that the			 		 		
rmation berein is correct; that this ort covers all hours worked or paid							
ng the period for which ributions are required under a				}]		
en Contribution Agreement, such ritten collective bargaining							
ements with local unions of the et Metal Workers international							
ociation; and that all payments rted herein are made in ordance with said Contribution			<u> </u>				······································
ements and the applicable Trust ements. The undersigned agrees							
bound by all of the terms of the gable Trust Agreements,							
ding specifically the provisions ch Trust Agreement describing							
ated damages for delinquencies other obligations of Employers,							
authorized the depository bank to fer the moneys remitted herewith				 			
appropriate Trusts in accordance -							
ees thereof and any Joint Services ement entered into. The)						
rsigned certifies under penalty of ry that he or she is duly authorized above named employer to sign and s							
e above-named employer to sign and s	submit this report on behalf of	such Employer. TOTAL HOURS:					
Ifying Signature	Date Title	MULTIPLY TOTAL	FITA	2.040 /21	6.00 M	04.70 (4)	<u>-</u>
Check here if No Hours to report for	or Rate Code 126.	HOURS BY RATE: AMOUNT DUE:	N/A	2.010 ⁽²⁾	4.02 (3)	24.76 (1)	<u>:.</u>
se retain a copy of the form(s) for	your records.	AMOUNT DUE:	ı			3762.00	•

SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND

SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND

Name: M T B INCORPO Addr: P O BOX 715 PENNGROVE CA	707/794-7943 DRATED 94951	104 ng: 05/2006 118 06/10/20	006	FOR ADM Postmark Date: Deposit Date: Check Number: Check Amount:			
CONTRACT Area: 0666 NORTH BA Asso.: 81 SMACNA	\Y Agreemen Job Class:		المراجعة والمساوات والسا		Entered By:		
RATE CODE 18		URS REPORTED All flours repo	oried stiould be Oi Vorked includes si	e actual hour raight hours	s worked and n worked, overtin	ot multiplied by 5 ne hours, and doug	1.5 or 2 Ne time hours,
Health .00 SHC .00 Nor Cal Pension .00	SOC. SEC. NUMBER	EMPLOYEE NAME (Last Name, First Name, Middle Initial)	STRAIGHT HOURS WORKED	OVERTIME	DOUBLE TIME HOURS	TOTAL HOURS WORKED	130 MINIMUM HEALTH CARE HOURS
National Pension 00	613-26-1274	HOWARD, COREY					
Dues Check Off .15 Appr Train 1.00	613-07-7763	MCGOLDRICK, PETER	151	1		151	151
SMOHIT .00 Industry Prom .65			707		-	100	15/
Supp Pen 1 00							
Supp Pen 2 .00 Vacation .50					<u> </u>		
Total 2.30 (1)							
Overtime Hours Rate Supp Pen 2 .000							3.
Vacation 250							
Total .250 (2) Double Time Hours Rate							
Supp Pen 2 .00							
Vacation .50 (3)					<u> </u>		
Minimum Health Care]			
Hours Rate Health 6.54				}			
Health 6.54 (4)							····
EMPLOYER CERTIFICATION LE							
The Employer certifies that the information herein is correct; that this						7. JA 100 B	<i>ii</i>
report covers all hours worked or paid during the period for which		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	-				
contributions are required under a written Contribution Agreement, such					-		
as written collective bargaining agreements with local unions of the							
Sheet Metal Workers International Association; and that all payments							
reported herein are made in accordance with said Contribution	·						
Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the					<u>† </u>		
applicable Trust Agreements, including specifically the provisions					+		
of each Trust Agreement describing liquidated damages for delinquencies					<u> </u>		
and other obligations of Employers, and authorized the depository bank to	·				<u> </u>		, est
transfer the moneys remitted herewith to the appropriate Trusts in accordance							
with instructions issued by the Trustees thereof and any Joint Services		,			1		
Agreement entered into. The undersigned certifies under penalty of				<u> </u>	 		
perjury that he or she is duly authorized by the above-named employer to sign and	submit this report on behalf of	such Employer.					
May Balo	~ 6/10/06	TOTAL HOURS:					
Certifying Signature Check here if No Hours to report	Date Title	HOURS BY RATE:	N/A	.250 ⁽²	.50 (3)	2.30 (1)	6.54 (4)
_) Check here if No Hours to report Please retain a copy of the form(s) fo		AMOUNT DUE:				347.30	981.54
REMINIBUANCE ADDRES	the same and the s		R/	ATE CODE 11	8 TOTAL AMO	UNT DUE: /2	34.84

Remit form(s) and payment to:

SHEET METAL WORKERS OF NORTHERN CALIFORNIA PENSION TRUST FUND

WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND REPORTING DATES FOR ADMINISTRATION USETONLY EMPLOYER NAME & ADDRESS 358200 Phone: 707/794-7943 0666 Local: 104 Postmark Date: ____/___/_

Name: M T B INCORPO Addr: P O BOX 715 PENNGROVE CA		Rate C Contri	ork Performed During ode: butlon Due: uent if Recleved Afte	196 06/10/20	006	heck Number:		
CORTIFICACION DI LA CONTRACTORIO		control to the first of the first of policy and send of the first of t	PROPERTY OF THE PROPERTY OF TH		E	intered By:		
Area: 0666 NORTH BA Asso.: 81 SMACNA	Y Agreement Job Class:		NG TRADES PERSON, FOR	REPERSON :	3			
RATE GODE 196 Total Hours Worked Rate		URS REPORTES	All hours repo	ted should be the riked includes sit	actual hours	vorked, övertimi	t multipiled by 5, e haurs, and doub	1.5 or 2. le time hours.
Health 7.93 SHC .44 Nor Cal Pension 4.97	SOC. SEC. NUMBER	EMPLOYEE NAME (Last Name, First Name, Middle	e (nitial)	STRAIGHT HOURS WORKED	OVERTIME HOURS	DOUBLE TIME HOURS	TOTAL HOURS WORKED	
National Pension 2.06 Dues Check Off 2.32	565-65-1792	ALVAREZ, DANI	EL	32			32	
Appr Train 1.00 SMOHIT .02 Industry Prom .65								
Supp Pen 1 1,35 Supp Pen 2 1.65 Vacation 4.02								
Total 26.41 (1) Overtime Hours Rate								
Supp Pen 2 .825 Vacation 2.010 Total 2.835								
Double Time Hours Rate Supp Pen 2 1.65								
Vacation								
EMPLOYER							hadded and pro-	
The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which								
contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the								,
Sheet Metal Workers International Association; and that all payments reported herein are made in		7-120-17-14						
accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the				<u> </u>				
applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies			<u> </u>					
and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith				·				
to the appropriate Trusts in accordance with Instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The								
undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employer to sign and	submit this coport on behalf of	f such Employer.	TOTAL HOURS:					
Certifying-Signature Check here if No Hours to report	Date Title for Rate Code 196.	Had Ingr	MULTIPLY TOTAL HOURS BY RATE:	N/A	2.835	5.67 (3)	26.41 (1)	
Please retain a copy of the form(s) f	or your records.		AMOUNT DUE:				845.12	
REMITTANGE ADDRE		s) and payment to:		R	ATE CODE 1	96 TOTAL AMO	JNT DUE: _ S	145.12

Total all form(s) and issue one check payable to:

Remit form(s) and payment to:

SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND

SHEET METAL WORKERS OF NORTHERN CALIFORNIA BENSIONSTRUST FUND

EMPLOYER NAME & /	Mataro de estados	EMPLOYER'S F	REPORT OF CO PORTING DATE			JIMAA GAS	istration	iige anii v
	707/794-7943	0666 Local	The second secon	-S 104	Professional Aspertment Control Control	ostmark Date:		التلالة المادوة
Name: M T B INCORPO			ork Performed During					
Addr: P O BOX 715	0.4054	Rate (· ·	144		eposit Date:		**************************************
PENNGROVE CA	94951		ibution Due:	06/10/20	MC.		·	
			quent If Recieved Afte	r: U6/2U/2U	סטיל	heck Amount:		
CONTRACT					E	intered By:	<u> </u>	
Area: 0666 NORTH BA Asso.: 81 SMACNA	Y Agreement Job Class:		E TECHNICIAN					
		600 SERVIC	E TECHNICIAN		Cartifallhoide	successed and no	multiplied by .5, 1.	
Total Hours Worked Rate		ONS NET ONIE!	Total Hours We	orked includes str	aight hours	vorked, overtime	hours, and double	time hours.
Health .00	SOC. SEC. NUMBER	EMDLOVEE MARIE		STRAIGHT	OVERTIME	DOUBLE	TOTAL HOURS	130 MINIMUM HEALTH CARE
SHC .44 Nor Cal Pension 1 92	SOC. SEC. NUMBER	EMPLOYEE NAME (Last Name, First Name, Midd	le Initial)	HOURS WORKED	OVERTIME	HOURS	WORKED	HOURS
Nor Cal Pension 1,92 National Pension .63	559-47-7647	WALKER, CHRIS	TOPLED					
Dues Check Off 1.03	333 47 7047	WALKER, CIRT	STOFFILK	•		-		
Appr Train 1.00 SMOHIT 00								
SMOHIT .00 Industry Prom .65								
Supp Pen 1 2.19								
Supp Pen 2 .00 Vacation 4.89								
Vacation 4.89 (1)							-	
Overtime Hours Rate		· · · · · · · · · · · · · · · · · · ·				- 		
Supp Pen 2 ,000			· · · ·		<u> </u>			
Vacation 2.445 Total 2.445 (2)								
Total 2.445 (2) Double Time Hours Rate				· . · · · · · · · · · · · · · · · · · ·				
Supp Pen 2 .00	,					 		
Vacation 4.89								
Total 4.89 (3)								
Minimum Health Care Hours Rate						+		wow.
Health <u>6.54</u>								
Total 6.54 ⁽⁴⁾								
EMPLOYER CERTIFICATION								
The Employer certifies that the information herein is correct; that this								
report covers all hours worked or paid during the period for which						+	<u> </u>	
contributions are required under a						1		
written Contribution Agreement, such as written collective bargaining						1		
agreements with local unions of the Sheet Metal Workers International								
Association; and that all payments reported herein are made in		-t				+		
accordance with sald Contribution Agreements and the applicable Trust								
Agreements. The undersigned agrees to be bound by all of the terms of the								
applicable Trust Agreements,					-	 		
including specifically the provisions of each Trust Agreement describing		**					· · · · · · · · · · · · · · · · · · ·	
iquidated damages for delinquencies and other obligations of Employers,								
and authorized the depository bank to transfer the moneys remitted herewith				v- ·				
to the appropriate Trusts in accordance with instructions issued by the	×					-		
Trustees thereof and any Joint Services								
Agreement entered into. The undersigned certifies under penalty of	ρ			····				
perjury that he or she is duly authorized by the above-named employer to sign and	submit this report on behalf or	f such Employer.	TOTAL HOUSE		-	+		
W am Bal	w 4/11/16	Ant Mor	TOTAL HOURS:	·····		ļ		w
Certifying Signature	Date Title	1 Junio	MULTIPLY TOTAL THOURS BY RATE:	N/A	2.445 (2	4.89 (3)	12.75 ⁽¹⁾	6.54 (4)
Check here if No Hours to report to lease retain a copy of the form(s) for			AMOUNT DUE:		1	 		VIVT
					<u> </u>			
REMITTANCE ADDRES otal all form(s) and issue one check		s) and payment to:		R.A	ATE CODE 14	4 TOTAL AMOU	NT DUE:	

SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND

SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND EMPLOYER NAME & ADDRESS REPORTING DATES FOR ADMINISTRATION USE ON BY 358200 Phone: 707/794-7943 0666 Local: 104 Postmark Date: M T B INCORPORATED For Work Performed During: 05/2006 Deposit Date: P 0 BOX 715 Rate Code: 141 PENNGROVE CA 94951 **Contribution Due:** 06/10/2006 Check Number: Delinquent If Recieved After: 06/20/2006 **Check Amount:** CONTRACT **Entered By:** Area: 0666 NORTH BAY 70 Agreement: SERVICE **TECHNICIAN** Asso.: 81 **SMACNA** Job Class: 252 TRAINEE 2ND 6 MONTHS RATE CODE 141 EMPLOYEE HOURS REPORTED All hours reported should be the actual hours worked and not multiplied by .5, 1.5 or 2. Total Hours Worked includes straight hours worked, overtime hours, and double time hours Total Hours Worked Rate Health **STRAIGHT** DOUBLE TOTAL 130 MINIMUM .00 **HOURS** SOC. SEC. NUMBER **EMPLOYEE NAME HOURS OVERTIME** TIME **HEALTH CARE** SHC .44 (Last Name, First Name, Middle Initial) WORKED HOURS **HOURS** WORKED HOURS Nor Cal Pension 1.64 National Pension .63 614-07-0204 MCGOLDRICK, NICK **Dues Check Off** .68 Appr Train 1.00 **SMOHIT** .00 Industry Prom .65 Supp Pen 1 .44 Supp Pen 2 .00 Vacation Total (1) 8.41 **Overtime Hours Rate** Supp Pen 2 .000 Vacation .465 1.465 (2) Total **Double Time Hours Rate** Supp Pen 2 .00 Vacation 2.93 (3) Total 2.93 Minimum Health Care **Hours Rate** Health Total (4) 6.54 EMPLOYER CERTIFICATION The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for definquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the pover-named employer to sign and submit this report on behalf of such Employer. Walth Start William William House

REMITTANCE ADDRESS

SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND

Check here if No Hours to report for Rate Code 141.

Please retain a copy of the form(s) for your records.

Date /

Total all form(s) and issue one check payable to: Remit form(s) and payment to: SHEET METAL WORKERS

ATTN: CONTRIBUTION DEPT. PO BOX 45312

SAN FRANCISCO CA 94145-45312

Certifying Signature

TOTAL HOURS MULTIPLY TOTAL

HOURS BY RATE:

AMOUNT DUE:

1.465 (2)

2.93 (3)

RATE CODE 141 TOTAL AMOUNT DUE:

8.41 (1)

6.54 (4)

N/A

SHEET METAL WORKERS OF NORTHERN CALIFORNIA PENSION TRUST FUND

employer namer a	โลโลโลโลโลโลโลโลโลโลโลโล		REPORT OF CO			OR ADMIN	nojta:jtejū	USE ONLY
	07/794-7943	0666 Lo	cal:	104				
Name: M T B INCORPOR	RATED		r Work Performed During:		D	eposit Date:		
Addr: P O BOX 715	0.4051		te Code: ntribution Due:	227 06/10/20		heck Number:		
PENNGROVE CA	9492I		numbution Due. linguent if Recieved After:		nne.			
				•	C Terrenous			
CONTRACT		THE RESERVE THE PROPERTY OF THE PARTY OF THE	DING TRADES		<u> </u>	ntered By:		·····
Area: 0666 NORTH BAY Asso.: 81 SMACNA	Job Class:	302 JOURN	NEYPERSON, FOR	EPERSON 4	4			
RATE CODE 227	EMPLOYEE HO	urs report	ED All hours report Total Hours Wo	rkea includes su	actual hours aight hours M	vorkau, ovarum	e ilionia, alla donoi	e time hours.
Health 7.93 SHC .44	SOC. SEC. NUMBER	EMPLOYEE NAME (Last Name, First Name, 1	Aiddle Initial)	STRAIGHT HOURS WORKED	OVERTIME HOURS	DOUBLE TIME HOURS	TOTAL HOURS WORKED	
Nor Cal Pension 4.97 National Pension 2.06	570-65-5777	STOCKER, RC	BERT					
Dues Check Off 2.32 Appr Train 1.00								
SMOHIT ,02				·		-		
Industry Prom .65 Supp Pen 1 1.35							· · · · · · · · · · · · · · · · · · ·	
Supp Pen 2 3.65 Vacation 4.02					1	-		
Total 28.41 (1)								· · · · · · · · · · · · · · · · · · ·
Overtime Hours Rate								· (1)
Supp Pen 2 1.825 Vacation 2.010								
Total 3.835 (2) Double Time Hours Rate								
Supp Pen 2 3.65								
Vacation 4.02 Total 7.67 (3)						-		···
1.01					ļ			
EMINIONER BERTIECATIONE								
The Employer certifies that the information herein is correct; that this								
report covers all hours worked or paid during the period for which								
contributions are required under a written Contribution Agreement, such	· · · · · · · · · · · · · · · · · · ·							
as written collective bargaining agreements with local unions of the					 	 		
Sheet Metal Workers International Association; and that all payments	, , , , , , , , , , , , , , , , , , , ,			 				
reported herein are made in accordance with said Contribution		_						
Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the							.	
applicable Trust Agreements, including specifically the provisions					1	-		
of each Trust Agreement describing liquidated damages for delinquencies				····	 	 	,	
and other obligations of Employers, and authorized the depository bank to				······································	+			· · · · · · · · · · · · · · · · · · ·
transfer the moneys remitted herewith to the appropriate Trusts in accordance					<u> </u>			
with instructions issued by the Trustees thereof and any Joint Services	0							
Agreement entered into. The undersigned certifies under penalty of								
perjury that he or she is duly authorized by the above-perned employer to sign and	submit this report on/behalf	of such Employer.	TOTAL HOURS:					
W CW (SW	9/0/06	Hed Mg.	MULTIPLY TOTAL	2174	0.00= "	2) (2)	00 41 115	
Certifying Signature Deneck here if No Hours to report	Date Titl for Rate Code 227.	e 🥒	HOURS BY RATE:	N/A	3.835 (2	7.67 (3)	28.41 ⁽¹⁾	
Please retain a copy of the form(s) f	or your records.	Contract Con	AMOUNT DUE:					
REMITTANGE ADDRES Total all form(s) and issue one check		(s) and payment to:		R	ATE CODE 2	27 TOTAL AMO	UNT DUE:	1.

SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND

SHEET METAL WORKERS OF NORTHERN CALIFORNIA RENSION TRUST FUND FOR ADMINISTRATION USE ONLY REPORTING DATES **EMPLOYER NAME & ADDRESS** 104 358200 Phone: 707/766-9790 0666 Local: Postmark Date: For Work Performed During: 04/2007 Name: M T B INCORPORATED **Deposit Date:** 298 620 PETALUMA BLVD #C-2 Rate Code: 05/10/2007 PETALUMA CA 94952-2870 **Contribution Due:** Check Number: Delinquent If Recieved After: 05/20/2007 Check Amount: CONTRACT 在设计中的 整 医鼻管闭孔 **Entered By:** 20 A/C SPECIALIST 0666 NORTH BAY Agreement: 201 Asso.: 81 **SMACNA** Job Class: 2ND 6 MONTHS All hours reported should be the actual hours worked and not multiplied by .5, 1.5 or 2. EMPLOYEE HOURS REPORTED **RATE CODE 298** Total Hours Worked includes straight hours worked, overtime hours, and double time hours. **Total Hours Worked Rate** STRAIGHT HOURS DOUBLE TOTAL 130 MINIMUM Health .00 HOURS **HEALTH CARE** OVERTIME TIME SOC. SEC. NUMBER **EMPLOYEE NAME** SHC 44 WORKED (Last Name, First Name, Middle Initial) WORKED HOURS **HOURS HOURS** Nor Cal Pension .31 National Pension .39 549-70-5353 WARNER, DONALD Dues Check Off .76 Appr Train 98 **SMOHIT** .00 Industry Prom .65 .22 Supp Pen 1 Supp Pen 2 .00 Vacation .90 Total 4.65 **Overtime Hours Rate** Supp Pen 2 .000Vacation 450 .450 (2) Total **Double Time Hours Rate** Supp Pen 2 .00Vacation 90 (3) Total .90 Minimum Health Care Hours Rate Health (4) Total 7.04 **EMPLOYER** CERTIFICATION The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of periffy that he or she is duly authorized by hie above-named/employer to sign and submit this report on behalf of such Employer. TOTAL HOURS: MULTIPLY TOTAL .450 (2) .90 (3) 4.65 (1) Centrying Signature N/A 7.04 (4) / Date HOURS BY RATE Check here if No Hours to report for Rate Code 298. AMOUNT DUE: Please retain a copy of the form(s) for your records. RATE CODE 298 TOTAL AMOUNT DUE: REMITTANCE ADDRESS Remit form(s) and payment to: Total all form(s) and issue one check payable to:

SHEET METAL WORKERS

PO BOX 45312

ATTN: CONTRIBUTION DEPT.

SAN FRANCISCO CA 94145-45312

ADJUSTMENT

(Note Reason)

EMPLOYER 358200 TOTAL AMOUNT DUE:

(Check Amount)

SHEET METAL WORKERS of NORTHERN

CALIFORNIA PENSION TRUST FUND

SHEET METAL WORKERS OF NORTHERN CALIFORNIA PENSION TRUST FUND FOR ADMINISTRATION USE ONLY REPORTING DATES **EMPLOYER NAME & ADDRESS** 104 Phone: 707/766-9790 0666 Local: 358200 Postmark Date: For Work Performed During: 04/2007 Name: M T B INCORPORATED **Deposit Date:** 126 620 PETALUMA BLVD #C-2 Rate Code: PETALUMA CA 94952-2870 05/10/2007 **Contribution Due:** Check Number: Delinquent If Recieved After: 05/20/2007 Check Amount: CONTRACT **Entered By:** Agreement: 10 BUILDING TRADES 0666 NORTH BAY 300 Asso.: 81 **SMACNA** Job Class: JOURNEYPERSON, FOREPERSON 2 All hours reported should be the actual hours worked and not multiplied by .5, 1.5 or 2. **EMPLOYEE HOURS REPORTED** RATE CODE 126 Total Hours Worked includes straight hours worked, overtime hours, and double time hours. **Total Hours Worked Rate** STRAIGHT DOUBLE TOTAL Health 8.43 HOURS HOURS OVERTIME TIME SOC. SEC. NUMBER **EMPLOYEE NAME** SHC .44 WORKED HOURS (Last Name, First Name, Middle Initial) WORKED HOURS Nor Cal Pension 5.80 National Pension 1.84 560-39-8846 BIANCO, M Dues Check Off 2.32 Appr Train 569-92-8569 DEANDREIS, FRANCIS 1.00 SMOHIT .02 559-98-8017 LUNDBERG, JOHN Industry Prom .65 Supp Pen 1 1.50 32 スス 553-65-1588 WARNER, JUSTIN Supp Pen 2 .00 Vacation 30 (1) Total 27.30 **Overtime Hours Rate** Supp Pen 2 .000 .650 Vacation 2.650 (2) Total **Double Time Hours Rate** Supp Pen 2 .00Vacation <u>.30</u> (3) Total 5.30 **EMPLOYER** CERTIFICATION The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employer to sign a above-named employer to sign and submit this report on behalf of such Employer. TOTAL HOURS: MULTIPLY TOTAL 2.650 (2) 5.30 (3) 27.30 (1) N/A Date/ certifying Signature HOURS BY RATE: Check here if No Hours to report for Rate Code 126.

REMITTANCE ADDRESS

Please retain a copy of the form(s) for your records.

Remit form(s) and payment to: Total all form(s) and issue one check payable to:

SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND

SHEET METAL WORKERS ATTN: CONTRIBUTION DEPT. PO BOX 45312 **SAN FRANCISCO CA 94145-45312** AMOUNT DUE:

RATE CODE 126 TOTAL AMOUNT DUE:

SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND **EMPLOYER NAME & ADDRESS** REPORTING DATES FOR ADMINISTRATION USE ONLY 358200 Phone: 707/766-9790 0666 104 Postmark Date: Name: M T B INCORPORATED For Work Performed During: 04/2007 **Deposit Date:** Addr: 620 PETALUMA BLVD #C-2 Rate Code: 196 PETALUMA CA 94952-2870 **Contribution Due:** 05/10/2007 Check Number: Delinquent If Recieved After: 05/20/2007 Check Amount: CONTRACT Entered By: 0666 NORTH BAY 10 **BUILDING TRADES** Asso.: 81 **SMACNA** Job Class: 301 JOURNEYPERSON, FOREPERSON 3 All hours reported should be the actual hours worked and not multiplied by .5, 1.5 or 2. RATE CODE 196 **EMPLOYEE HOURS REPORTED** Total Hours Worked includes straight hours worked, overtime hours, and double time hours. Total Hours Worked Rate Health STRAIGHT DOUBLE TOTAL 8.43 HOURS **OVERTIME** SOC. SEC. NUMBER **EMPLOYEE NAME** TIME HOURS SHC .44 (Last Name, First Name, Middle Initial) WORKED **HOURS** WORKED HOURS Nor Cal Pension 5.80 National Pension 1.84 565-65-1792 ALVAREZ, DANIEL Dues Check Off 2.32 Appr Train 1.00 **SMOHIT** .02 Industry Prom .65 Supp Pen 1 1.50 Supp Pen 2 1.50 Vacation 5.30 Total 28.80 (1) **Overtime Hours Rate** Supp Pen 2 .750 Vacation 2.650 3.400 (2) Total **Double Time Hours Rate** Supp Pen 2 1.50 Vacation 5.30 Total 6.80 (3) **EMPLOYER** CERTIFICATION The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies, under penalty of bry that he or she is duly authorized above-named employer to sign and subfait this report on behalf of such Employer **TOTAL HOURS:**

REMITTANCE ADDRESS

Total all form(s) and issue one check payable to:

Check here if No Hours to report for Rate Code 196.

Please retain a copy of the form(s) for your records.

SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND

Remit form(s) and payment to: SHEET METAL WORKERS

MULTIPLY TOTAL

HOURS BY RATE:

AMOUNT DUE:

3.400 (2)

6.80 (3)

RATE CODE 196 TOTAL AMOUNT DUE:

28.80 (1)

N/A

SHEET METAL WORKERS OF NORTHERN CALIFORNIA PENSION TRUST FUND EMPLOYER'S REPORT OF CONTRIBUTIONS **EMPLOYER NAME & ADDRESS** REPORTING DATES FOR ADMINISTRATION USE ONLY 104 358200 Phone: 707/766-9790 0666 Postmark Date: For Work Performed During: 04/2007 Name: M T B INCORPORATED Deposit Date: 620 PETALUMA BLVD #C-2 Rate Code: 217 PETALUMA CA 94952-2870 05/10/2007 **Contribution Due:** Check Number: Delinquent If Recieved After: 05/20/2007 Check Amount: CONTRACT Entered By: 0666 NORTH BAY Agreement: 10 **BUILDING TRADES** 150 Job Class: **APPRENTICE** Asso.: 81 **SMACNA** All hours reported should be the actual hours worked and not multiplied by .5, 1.5 or 2. Total Hours Worked includes straight hours worked, overtime hours, and double time hours. RATE CODE 217 EMPLOYEE HOURS REPORTED **Total Hours Worked Rate STRAIGHT** DOUBLE Health 8.43 SOC. SEC. NUMBER **EMPLOYEE NAME HOURS** OVERTIME TIME **HOURS** SHC .44 (Last Name, First Name, Middle Initial) WORKED **HOURS** HOURS WORKED Nor Cal Pension 1.20 National Pension 1.07 549-79-1594 SMUCK, JASON Dues Check Off 1.00 Appr Train 1.00 **SMOHIT** .02 Industry Prom .65 Supp Pen 1 .50 Supp Pen 2 .00 Vacation <u>.50</u> (1) Total 15.81 Overtime Hours Rate Supp Pen 2 .000 Vacation .750 (2) Total **Double Time Hours Rate** Supp Pen 2 .00 Vacation .50 (3) Total 1.50 **EMPLOYER** CERTIFICATION The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneus certified herewith transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the person camed employer to sign and submit this report on behalf of such Employer.

Please retain a copy of the form(s) for your records. REMITTANCE ADDRESS

Check here if No Hours to report for Rate Code 217.

Total all form(s) and issue one check payable to: Remit form(s) and payment to:

9

Date

SHEET METAL WORKERS of NORTHERN **CALIFORNIA PENSION TRUST FUND**

SHEET METAL WORKERS ATTN: CONTRIBUTION DEPT. PO BOX 45312 **SAN FRANCISCO CA 94145-45312** **TOTAL HOURS:**

.750 (2)

N/A

1.50 (3)

RATE CODE 217 TOTAL AMOUNT DUE:

15.81 (1)

MULTIPLY TOTAL

HOURS BY RATE:

AMOUNT DUE:

Ing Signature

SHEET METAL WORKERS OF NORTHERN CALIFORNIA PENSION TRUST FUND FOR ADMINISTRATION USE ONLY **EMPLOYER NAME & ADDRESS** REPORTING DATES 0666 104 358200 Phone: 707/766-9790 Postmark Date: Name: M T B INCORPORATED For Work Performed During: 04/2007 Deposit Date: 620 PETALUMA BLVD #C-2 Rate Code: 227 PETALUMA CA 94952-2870 **Contribution Due:** 05/10/2007 Check Number: Delinquent if Recieved After: 05/20/2007 Check Amount: CONTRACT Entered By: 10 0666 NORTH BAY Agreement: BUILDING TRADES Asso.: 81 **SMACNA** Job Class: 302 JOURNEYPERSON, FOREPERSON 4 All hours reported should be the actual hours worked and not multiplied by .5, 1.5 or 2. EMPLOYEE HOURS REPORTED RATE CODE 227 Total Hours Worked includes straight hours worked, overtime hours, and double time hours, **Total Hours Worked Rate** DOUBLE TOTAL **STRAIGHT** Health 8.43 HOURS SOC. SEC. NUMBER **EMPLOYEE NAME** HOURS **OVERTIME** TIME SHC .44 (Last Name, First Name, Middle Initial) WORKED HOURS HOURS WORKED Nor Cal Pension 5.80 National Pension 1.84 570-65-5777 STOCKER, ROBERT Dues Check Off 2.32 Appr Train 1.00 **SMOHIT** .02 Industry Prom .65 Supp Pen 1 1.50 Supp Pen 2 3.50 Vacation .30 (1) Total 30.80 **Overtime Hours Rate** Supp Pen 2 1.750 Vacation 2.650 4.400 (2) Total **Double Time Hours Rate** Supp Pen 2 3.50 Vacation 5.30 (3) Total 8.80 **EMPLOYER** CERTIFICATION The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized by the above-named employer to sign and examit this report on behalf of such Employer.

REMITTANCE ADDRESS

Total all form(s) and issue one check payable to:

Please retain a copy of the form(s) for your records.

Check here if No Hours to report for Rate Code 227.

Da

Remit form(s) and payment to:

SHEET METAL WORKERS of NORTHERN **CALIFORNIA PENSION TRUST FUND**

SHEET METAL WORKERS ATTN: CONTRIBUTION DEPT. PO BOX 45312 SAN FRANCISCO CA 94145-45312

TOTAL HOURS **MULTIPLY TOTAL**

HOURS BY RATE

AMOUNT DUE:

4.400 (2)

N/A

8.80 (3)

RATE CODE 227 TOTAL AMOUNT DUE:

30.80 (1)

hilying Signature

SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND Case 3:07-cv-03204 MPLOYER WERD TO CONTRIBUTION Page 13 of 15 REPORTING DATES FOR ADMINISTRATION USE ONLY **EMPLOYER NAME & ADDRESS** 358200 Phone: 707/766-9790 104 0666 Local: Postmark Date: Name: M T B INCORPORATED For Work Performed During: 04/2007 **Deposit Date:** 118 Rate Code: 620 PETALUMA BLVD #C-2 PETALUMA CA 94952-2870 05/10/2007 Check Number: **Contribution Due:** Delinquent If Recieved After: 05/20/2007 Check Amount: CONTRACT Entered By: Agreement: 01 Area: 0666 NORTH BAY BUILDING TRADES - PRE-APPRENTICE Job Class: 100 PRE-APPRENTICE Asso.: 81 **SMACNA** EMPLOYEE HOURS REPORTED All hours reported should be the actual hours worked and not multiplied by .5, 1.5 or 2. RATE CODE 118 Total Hours Worked includes straight hours worked, overtime hours, and double time hours **Total Hours Worked Rate** 130 MINIMUM **STRAIGHT** DOUBLE TOTAL Health ററ HOURS OVERTIME TIME **HOURS HEALTH CARE** SOC, SEC. NUMBER EMPLOYEE NAME SHC .00 (Last Name, First Name, Middle Initial) WORKED **HOURS HOURS** WORKED HOURS Nor Cal Pension .00 National Pension .00 613-26-1274 HOWARD, COREY Dues Check Off .25 MCGOLDRICK, PETER Appr Train .87 613-07-7763 **SMOHIT** .00 Industry Prom .65 Supp Pen 1 .00 Supp Pen 2 .00 Vacation 75 (1) Total 2.52 **Overtime Hours Rate** Supp Pen 2 .000Vacation .375 .375 (2) Total **Double Time Hours Rate** Supp Pen 2 .00 Vacation .75 (3) Total .75 Minimum Health Care **Hours Rate** Health (4) Total **EMPLOYER** CERTIFICATION The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association: and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of

REMITTANCE ADDRESS

CALIFORNIA PENSION TRUST FUND

perjury,≱hat he or she is duly authorized

Please retain a copy of the form(s) for your records.

Total all form(s) and issue one check payable to: SHEET METAL WORKERS of NORTHERN

Check here if No Hours to report for Rate Code 118.

by the above-named employer to sign, and submit this report on behalf of such Employer

Date

Remit form(s) and payment to: SHEET METAL WORKERS ATTN: CONTRIBUTION DEPT. PO BOX 45312 **SAN FRANCISCO CA 94145-45312**

TOTAL HOURS: MULTIPLY TOTAL

HOURS BY RATE:

AMOUNT DUE:

.375 ⁽²⁾

N/A

.75 (3)

RATE CODE 118 TOTAL AMOUNT DUE:

2.52 (1)

7.04 (4)

tifying Signature

SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND FOR ADMINISTRATION USE ONLY REPORTING DATES **EMPLOYER NAME & ADDRESS** Phone: 707/766-9790 104 0666 Local: 358200 Postmark Date: For Work Performed During: 04/2007 Name: M T B INCORPORATED **Deposit Date:** 141 Rate Code: 620 PETALUMA BLVD #C-2 Addr: PETALUMA CA 94952-2870 **Contribution Due:** 05/10/2007 Check Number: Delinquent If Recieved After: 05/20/2007 Check Amount: CONTRACT Entered By: Agreement: 70 0666 NORTH BAY SERVICE TECHNICIAN 81 **SMACNA** Job Class: 252 TRAINEE 2ND 6 MONTHS Asso.: All hours reported should be the actual hours worked and not multiplied by .5, 1.5 or 2. EMPLOYEE HOURS REPORTED RATE CODE 141 Total Hours Worked includes straight hours worked, overtime hours, and double time hours. **Total Hours Worked Rate** 130 MINIMUM STRAIGHT DOUBLE TOTAL Health .00 TIME HOURS **HEALTH CARE** HOURS OVERTIME SOC, SEC. NUMBER **EMPLOYEE NAME** SHC 44 HOURS WORKED **HOURS** (Last Name, First Name, Middle Initial) WORKED HOURS Nor Cal Pension 1.08 National Pension .64 614-07-0204 MCGOLDRICK, NICK Dues Check Off .70 Appr Train 1.00 SMOHIT .00 Industry Prom .65 .30 Supp Pen 1 Supp Pen 2 .00 Vacation 1.80 (1) Total 6.61 **Overtime Hours Rate** Supp Pen 2 .000 Vacation 900 .900 (2) Total **Double Time Hours Rate** Supp Pen 2 .00 Vacation .80 (3) Total 1.80 Minimum Health Care Hours Rate Health Total (4) 7.04 **EMPLOYER** CERTIFICATION The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements. including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of pening that he or she is duly authorized by the Above named employer of sign and submit this report on behalf of such Employer. **TOTAL HOURS:**

REMITTANCE ADDRESS

Total all form(s) and issue one check payable to:

Check here if No Hours to report for Rate Code 141.

Please retain a copy of the form(s) for your records.

Date

Remit form(s) and payment to:

SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND

SHEET METAL WORKERS ATTN: CONTRIBUTION DEPT. PO BOX 45312 SAN FRANCISCO CA 94145-45312 **MULTIPLY TOTAL**

HOURS BY RATE:

AMOUNT DUE:

N/A

.900 ⁽²⁾

1.80 (3)

RATE CODE 141 TOTAL AMOUNT DUE:

6.61 (1)

7.04 (4)

Certifying Signature

SHEET METAL WORKERS of NORTHERN CALIFORNIA PENSION TRUST FUND Case 3:07-cv-03204 EMPLOYERS WEPORT OF CONTRIBUTIONS 008 Page 15 of 15 REPORTING DATES **EMPLOYER NAME & ADDRESS** FOR ADMINISTRATION USE ONLY 358200 Phone: 707/766-9790 0666 104 Postmark Date: For Work Performed During: 04/2007 Name: M T B INCORPORATED Deposit Date: 620 PETALUMA BLVD #C-2 Rate Code: 144 PETALUMA CA 94952-2870 05/10/2007 **Contribution Due:** Check Number: Delinquent If Recieved After: 05/20/2007 Check Amount: CONTRACT Entered By: 0666 NORTH BAY 70 Agreement: SERVICE TECHNICIAN Asso.: 81 **SMACNA** Job Class: 600 TECHNICIAN 2 SERVICE RATE CODE 144 EMPLOYEE HOURS REPORTED All hours reported should be the actual hours worked and not multiplied by .5, 1,5 or 2. Total Hours Worked includes straight hours worked, overtime hours, and double time hours. Total Hours Worked Rate **STRAIGHT** DOUBLE TOTAL 130 MINIMUM Health .00 SOC. SEC. NUMBER HOURS **OVERTIME** TIME HOURS **EMPLOYEE NAME HEALTH CARE** SHC 44 WORKED (Last Name, First Name, Middle Initial) HOURS **HOURS** WORKED HOURS Nor Cal Pension 2.25 National Pension .81 559-47-7647 WALKER, CHRISTOPHER **Dues Check Off** 1.10 Appr Train 1.00 **SMOHIT** .00 Industry Prom .65 Supp Pen 1 1.50 Supp Pen 2 .00 Vacation 4.30 (1) Total 12.05 **Overtime Hours Rate** .000 Supp Pen 2 2.150 2.150 (2) Vacation Total **Double Time Hours Rate** Supp Pen 2 .00Vacation 4.30 Total 4.30 Minimum Health Care Hours Rate Health Total 7.04 **EMPLOYER** CERTIFICATION The Employer certifies that the information herein is correct; that this report covers all hours worked or paid during the period for which contributions are required under a written Contribution Agreement, such as written collective bargaining agreements with local unions of the Sheet Metal Workers International Association; and that all payments reported herein are made in accordance with said Contribution Agreements and the applicable Trust Agreements. The undersigned agrees to be bound by all of the terms of the applicable Trust Agreements, including specifically the provisions of each Trust Agreement describing liquidated damages for delinquencies and other obligations of Employers, and authorized the depository bank to transfer the moneys remitted herewith to the appropriate Trusts in accordance with instructions issued by the Trustees thereof and any Joint Services Agreement entered into. The undersigned certifies under penalty of perjury that he or she is duly authorized the above-named employer to sign and submit this report on behalf of such Employer. **TOTAL HOURS:**

REMITTANCE ADDRESS

Prease retain a copy of the form(s) for your records.

Check here if No Hours to report for Rate Code 144.

D∂ate

SHEET METAL WORKERS of NORTHERN **CALIFORNIA PENSION TRUST FUND**

Total all form(s) and issue one check payable to: Remit form(s) and payment to: SHEET METAL WORKERS ATTN: CONTRIBUTION DEPT. PO BOX 45312 **SAN FRANCISCO CA 94145-45312**

lying Signature

MULTIPLY TOTAL

HOURS BY RATE:

AMOUNT DUE:

N/A

2.150 (2)

4.30 (3)

RATE CODE 144 TOTAL AMOUNT DUE:

12.05 (1)

7.04 (4)